



1100 FEDERAL EMERGENCY SERVICES PROGRAM OVERVIEW

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AHCCCS provides emergency health care services through the Federal Emergency Services Program (FESP) for qualified and nonqualified aliens, as specified in 8 USC 1611 et seq. who meet all requirements for Title XIX eligibility as specified in the State Plan except for citizenship.

Definitions

For the purpose of this chapter, the following definitions apply:

Acute – means symptoms that have arisen quickly and which are short-lived.

Chronic – means a health related state that is not acute.

“Emergency Medical or Behavioral Health Condition” for a Federal Emergency Service (FES) member – means a medical condition (including labor and delivery) or a behavioral health condition manifesting itself by acute symptoms of sufficient severity, including extreme pain, such that the absence of immediate medical attention could reasonably be expected to result in:

1. Placing the member’s health in serious jeopardy (this includes serious harm to self for purposes of behavioral health)
2. Serious impairment to bodily functions
3. Serious dysfunction of any bodily organ or part, or
4. Serious physical harm to another person (for behavioral health condition).

Member – means the FES member.

Stabilized – with respect to an emergency medical situation, means that no material deterioration of the condition is likely, within reasonable medical probability, to result from or occur during the transfer of the individual from a facility.



Amount, Duration and Scope

Arizona Revised Statutes §36-2903.03 provides that certain non-citizens who otherwise meet the requirements for Title XIX eligibility are entitled to receive only emergency services. Emergency services are those services needed to treat an emergency medical or behavioral health condition as defined in this Chapter. Transplant services are excluded from coverage under FESP.

Emergency services include outpatient dialysis services for an FES member with End Stage Renal Disease (ESRD) where the treating physician has certified that in the provider's opinion the absence of receiving dialysis at least three times per week would reasonably be expected to result in any one of the following:

1. Placing the member's health in serious jeopardy;
2. Serious impairment to bodily functions, or
3. Serious dysfunction of any bodily organ or part.

To determine whether a member suffers from an emergency medical or behavioral health condition, the focus must be on the member's current medical or behavioral health condition and whether that condition satisfies the criteria specified in the definition of "Emergency Medical or Behavioral Health Condition" at the time the service is rendered. The member's current condition can be the initial injury that led to the admission, a condition directly resulting from that injury, or a wholly separate condition such as an acute psychiatric episode. The type of facility where a member presents or where service is delivered is not a factor in the determination of an emergency condition. Even though an initial injury or behavioral health condition may be stabilized, it does not necessarily mean that the emergency medical or behavioral health condition has ended.

The following applies for **all** emergency medical or behavioral health conditions:

1. The member's current medical or behavioral health condition must be manifesting itself by acute symptoms (a condition manifesting itself by only chronic symptoms is not an emergency condition, even though the absence of medical care might lead to one of the adverse consequences listed in #2 below), **and**
2. The acute symptoms must be sufficiently severe that the absence of **immediate** medical or psychiatric attention could reasonably be expected to place the member's health in serious jeopardy (includes harm to one's self), or serious impairment to bodily functions, cause serious dysfunction of any bodily organ or part, or cause serious physical harm to another person.



Special Considerations

Services rendered through the FESP are subject to all exclusions and limitations on services in R9-22-217. This includes, but is not limited to, the limitations on inpatient hospital services as described in R9-22-204 and AMPM Chapter 300, Policy 310-K, Hospital Inpatient Services.

Services rendered to a person eligible for the FESP are also subject to standards for payments in R9-22-702.

REFERENCES

1. Section 1903(v) of the Social Security Act (42 USC 1396 b(v)(3))
2. 8 USC 1611 et seq.
3. Title 42 of the Code of Federal Regulations, Part 435 (42 C.F.R. 435)
4. 42 C.F.R. 440.255
5. Arizona Revised Statutes (A.R.S.) §36-2903.03
6. Arizona Administrative Code, Title 9, Chapter 22, Article 2 & 7 (9 A.A.C. 22)
7. 2007 Consent Decree, Padilla v. Rodgers Lawsuit

Refer to the Fee-For-Service (FFS) Provider Manual, Emergency Services Program, for billing requirements. This manual is available on the AHCCCS Web site at www.azahcccs.gov.